

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10-593,981

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1				
3	1		1		1	
4						
5	3		1		1	
6		3		1	1	
7	6		1		1	
8	6		1		1	
9	6		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1		1		1	
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20	1		1		1	
21	1		1		1	
22	1		1		1	
23	1		1		1	
24	1		1		1	
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49						
50						
TOTAL IND.	8	↓	8	↓	10	↓
TOTAL DEP.	19	←	14	←	14	←
TOTAL CLAIMS	27		22		24	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						